STATE OF MARYLAND—CERTIFICATE OF DEATH

10436

1. PLACE OF DEATH (119-a)

County Calvert Registration Dist. No. 51

Village or City Huntingtown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where daath occurred yrs. mos. ds. How long in U.S. If of foraign birth? yrs. mos. ds.

2. FULL NAME Rudolph L. Brawner If U. S. Veteran, specify WAR

(a) Residence: No. Popular St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	C	Single

5a. If married, widowad, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 20, 1940

7. AGE Years	Months	Days	If LESS than 1 dey, hrs. or min.
	4		

OCCUPATION

8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date dacaased last workad at this occupation (month end year) —

11. Total tima (yaars) spent in this occupation

12. BIRTHPLACE (city or town) Calvert Co. (State or country) Md.

FATHER

13. NAME John Brawner

14. BIRTHPLACE (city or town) Popular Neck (State or country) Md.

MOTHER

15. MAIDEN NAME Carrie Johnson

16. BIRTHPLACE (city or town) Popular Neck (State or country) Md.

17. INFORMANT Carrie Brawner (Address) Popular Neck Md.

18. BURIAL, CREMATION, OR REMOVAL Place Solomons Point Md. Date 10/27, 1940

19. UNDERTAKER Norman Ogden (Address) Popular Neck Md.

20. FILED 10/27, 1940 W. T. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 10 (Month) 26 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 10/24, 1940 to 10/26, 1940

I last saw him alive on 10/24, 1940; death is said to have occurred on tha date stated above, at 7:30 P. m.

The PRINCIPAL CAUSE OF DEATH and ralated causes of importance wara as follows:

	Date of onset
Cholera Infantum	

Dther Contributory Causes of Importance:

Name of operation Date of

What test confirmad diagnosis? Was there an au'opsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? Dete of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was diseasa or injury in any way ralatad to occupation of dacaased? No

If so, specify

(Signed) H. D. Wrenn M. D.

(Address) Huntingtown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. ...

V. S. No. 4

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

NOV 12 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (119-a)

CERTIFICATE OF DEATH

10437

51 Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Calvert
City or town: Mackalls
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Calvert
City or town: Mackalls Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: James. Butler

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 28 1939

8. AGE:

Years	Months	Days	If less than one day
1	5	2	hrs. min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER
12. Name: John Butler
13. Birthplace: Md

MOTHER
14. Maiden name: Alice Johnson
15. Birthplace: Md.

16. Informant: John Butler
Address: Mackall

17. (Burial, cremation, or removal. Which?) Date thereof Oct 1 1940
(month) (day) (year)
Cemetery or crematory: Island Creek
Location: Island Creek

18. Funeral director: Mooney Sewell
Address: Prince Frederick

19. 10/1 1940 (Date rec'd by registrar) L. M. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 1 1940, at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 29 1940, to Oct 1 1940, and that I last saw him alive on Sept 29 1940.

Immediate cause of death: Diarrhea Enteritis — DURATION: 3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: G. T. Brown M. D. or other
Address: Prince Frederick Date signed 10/1/40

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OCT 8 1940
BUREAU V. S.

10438

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (166)

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
County: Calvert
City or town: Calvert Co Hospt
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Prince Frederick.
Stay in hospital or inst. (yrs., or mos., or days): 2 days.
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Calvert
City or town: Davis. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no.

3. (a) FULL NAME: Milton Coats

3. (b) Social Security Number: none

4. Sex: Male
5. Color or race: Col.
6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 3/3/16

8. AGE: Years: 24 Months: 7 Days: 4 If less than one day: hrs. min.

9. Birthplace: Md. (Town, county, and state)
10. Usual occupation: Chauffeur.
11. Industry or business:
FATHER 12. Name: John Coats.
13. Birthplace: Md.
MOTHER 14. Maiden name: Eliza Jane?
15. Birthplace: Md.
16. Informant: Franklin Coats.
Address: Hospital record
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 8, 1940 (month) (day) (year)
Cemetery or crematory: Patuxent
Location: Huntingtown
18. Funeral director: P. E. Sewell,
Address: Pr. Fred., Md.
19. 10/7 1940 (Date rec'd by registrar) I. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10/7/1940, at 12 50 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/5/1940, to 10/7/1940 and that I last saw him alive on 10/6/1940.
Immediate cause of death: Gunshot wound of abdomen
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

DURATION: 1 day

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Homicide Date of: 10/5/40
Where did injury occur? Pr. Fred (City or town) Cal (County) Md. (State)
Injured at home, farm, industry, public place (where?): Saloon
Means of injury: Pistol Injured at work? no.

23. SIGNATURE: E. Bruscoe M.D., or other
Deputy Medical Examiner for Cal. Co.
Address: Prince Frederick, Md. Date signed: 10/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940
U. S. DEPT. OF AGRICULTURE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

10439

CERTIFICATE OF DEATH

Reg. Dist. No. 5-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Calvert
City or town Chas. Beach
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Calvert
City or town Chas. Beach Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR Yes

3. (a) FULL NAME Baby Boy Jones MORRSELL

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	C	S

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/26/40

8. AGE:

Years	Months	Days	If less than one day
			hrs. min.

9. Birthplace Md (Town, county, and state)
10. Usual occupation
11. Industry or business

FATHER
12. Name Roland Morrell
13. Birthplace Md

MOTHER
14. Maiden name Estelle Jones
15. Birthplace Md

16. Informant Roland Morrell
Address Chas Beach

17. (Burial, cremation, or removal. Which?) Date thereof Oct 24 40 (month) (day) (year)
Cemetery or crematory Parris
Location
18. Funeral director John. Chambers
Address Chas Beach

19. Oct 24 1940 (Date rec'd by registrar) W H Hardesty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/26 1940, at 8.30 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19

Immediate cause of death Stillborn — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H Howard M. D. or other
Address Quincy Md Date signed 10/27/40

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (13-a)

10440

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH
County Calvert
City or town Willows
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Calvert
City or town Chaneyville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Parker
3. (b) Social Security Number None

4. Sex Female
5. Color or race colored
6. (a) Single, married, widowed, or divorced widowed
6 (b) Name of husband or wife Wesley Parker
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) ? 1863

8. AGE: Years 77 | Months ? | Days ? | If less than one day — hrs. min.

9. Birthplace Calvert Co
(Town, county, and state)
10. Usual occupation Domestic
11. Industry or business at home
FATHER 12. Name Campbell Graham
13. Birthplace Calvert Co. Md
MOTHER 14. Maiden name Caroline Bolden
15. Birthplace Calvert Co. Md
16. Informant Carrie Hall
Address 1146 N. Carey, Balto. Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/28/40 (month) (day) (year)
Cemetery or crematory Halls Creek
Location Mt. Hope
18. Funeral director J. E. Sewell
Address Ft. Fred., Md
19. 10/28/40 19 (Date rec'd by registrar) D. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26 1940, at 12:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 14 1940, to 19 ,
and that I last saw her alive on August 26 1940.

Immediate cause of death Cerebral Hemorrhage — DURATION 10/26/40
Due to arteriosclerotic cardio-nephritis
Due to Hypertension
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Page E. Jett M. D. or other
Address Church Hudson Date signed 10/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
NOV 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10441

1. PLACE OF DEATH 1190

County Calvert Calvert Registration Dist. No. 52

Village or City Paris No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Priscilla Claudette Wills If U.S. Veteran specify WAR

(a) Residence: No. Paris, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 9 1940

7. AGE Years	Months	Days	If LESS then 1 day, ___ hrs. or ___ min.
	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Mt. Harmony (State or country) Md.

FATHER

13. NAME Syrelius Wills.

14. BIRTHPLACE (city or town) Paris (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Rawlings

16. BIRTHPLACE (city or town) Paris (State or country) Md.

17. INFORMANT Syrelius Wills (Address) Paris, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Friend Shop Date Oct 17, 1940

19. UNDERTAKER Pinkney Sewell (Address)

20. FILED Oct 17, 1940 W H Hardesty Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 16 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 10 - 15, 1940, to 10 - 16 -, 1940

I last saw her alive on 10 - 15, 1940; death is said to have occurred on the date stated above, at 11 p. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance, were as follows:

	Date of onset
Acute gastro enteritis	

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ___

(Signed) G. J. Waams M. D.

(Address) Huntingtown.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN